



12th INTERNATIONAL CONFERENCE AIMS A'2006

13 - 15 September 2006

Sunny Day Tourist Complex Varna, Bulgaria

Please fill in the reservation form in block letters and return to:

Company for International Meetings Ltd.

18, Christo Belchev St., Sofia 1000

Tel.: (+359 2) 988 80 35, 980 89 61

Fax: (+359 2) 980 60 74

E-mail: cim@cim-pco.org

PERSONAL DATA

First and Family name, Title

Organization, Position

Street, Postal Code, City

Country

Tel. No.:

Fax No.:

E-mail:

ACCOMPANYING PERSON

First and Family name

TRAVEL INFORMATION

ARRIVAL IN VARNA

Date Hour

From Flight No

TRANSFER **yes** ___ persons **no**

DEPARTURE FROM VARNA

Date Hour

To Flight No

TRANSFER **yes** ___ persons **no**

The price per person for transfer airport-hotel or v.v. is 15 €.

HOTEL ACCOMMODATION

Date of arrival *Date of departure* *No of nights*

Single room

Double room

1. In Sunny Day Tourist Complex

Mirage Hotel **** 65 €

80 €

Veronica Hotel *** 50 €

66 €

2. In St. Constantine and Helena Resort

Chaika Hotel *** 28 €

36 €

Gloria Hotel**

Renovated room /3 star category/ 26 €

34 €

Standard room 20 €

24 €

I will share a double room with _____

Please, see the General Information leaflet for more information on the hotels.

Rates are per room, per night, including overnight, breakfast, service charge, insurance and VAT. These prices are only valid if reservation and payment are made to CIM Ltd. As there is still some pressure for accommodation in the middle of September at the Black Sea coast participants are advised to book their hotel by the end of June 2006. Any change of booking must be sent to CIM Ltd. and not directly to the hotel.

Deposit of one night is required in confirmation of the hotel reservation (not later than 1 August). For your convenience it is possible to prepay the total amount of the hotel accommodation. The balance due (if any) should be settled upon arrival at the Registration Desk in the Sunny Day Tourist Complex.

HOTEL PAYMENT EURO _____

SOFIA

You may fly via Sofia with an additional overnight there and book a transfer.

ARRIVAL IN SOFIA

Date Hour

From Flight No

TRANSFER **yes** _____ **persons** **no**

DEPARTURE FROM SOFIA

Date Hour

To Flight No

TRANSFER **yes** _____ **persons** **no**

Transfers airport-hotel or v.v. can be arranged upon request.

	Single room	Double room	Arrival date	Departure date	No. nights
Triada Hotel ***	<input type="checkbox"/> 60 €	<input type="checkbox"/> 80 €

TOTAL AMOUNT SOFIA EUR _____

SOCIAL EVENTS

Welcome Reception 13 September yes _____ persons

Conference Dinner 14 September yes _____ persons

TOURIST PROGRAM (optional)

Bulgarian Folklore Evening 26 € 15 September yes _____ persons

Excursion to Nessebur 35 € 16 September yes _____ persons

TOTAL AMOUNT TOURIST PROGRAMME EUR _____

GRAND TOTAL PREPAID EUR _____

PAYMENT

Advance payment:

Bank transfer for Euro _____ (net of bank charges)

Bank details: Company for International Meetings Ltd.
Bulgarian Post Bank, 1 Bulgaria Square
IBAN: BG54BPBI79401401226001
BIC: BPBIBGSF

Please, indicate clearly your name and "AIMSA 2006" on the bank documents. Please note that bank collection fees are the responsibility of the sender.

Credit card

Please fill in, sign and send the **Credit Card Authorization Form** below.

On-site payment should be made at the CIM Registration Desk in the Sunny Day Tourist Complex. Credit cards, travelers' cheques and cash are accepted.

Note: The bank charge for payments by credit card is 3% of the total amount.

CANCELLATION

Only written cancellation will be considered. A refund of payment less 10 % administrative charges will be made for cancellation received by 30 August 2006. No refunds will be made for cancellations received after this date.

Please, return this form to the address above.

Please, send a copy of the payment document to the same address.

Date:

Signature:

Company for International Meetings Ltd.
18, Christo Belchev Str.
1000 Sofia, BULGARIA
Tel. (+359 2) 986 08 06; 980 89 61
Fax (+359 2) 980 60 74
E-mail: cim@cim-pco.org



AIMSA 2006

Participant's Name & Surname:	
Participant's Address:	
Participant's Contact:	
Date:	

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize CIM Ltd. (18, Christo Belchev St., Sofia, Bulgaria) to charge my credit card for the following payment:

Payment description:

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TOTAL AMOUNT TO BE CHARGED:	
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The authorized amount will be charged in BGN, exchange rate: 1,95583. The bank charge for the payment is 3% of the total amount.

Please, note that the following credit cards are accepted:

Visa Master Card / Euro Card American Express Diners

Please, fill in the credit card details:

Credit card type:	
Credit card number:	
Expiry date:	
CVC code*:	
4CSC code**:	
Cardholder's name:	

* For Visa, MasterCard and Euro Card only (last 3 digits from the number in Italic on the backside of the card).

** For American Express only (4 digits above the credit card number).

Cardholder's signature

**Please, fax the filled in and signed Credit Card Payment Authorisation to:
CIM Ltd. fax number: +359 2 980 60 74**